STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	009894	A. BUILDING: _____ B. WING _____	R 06/21/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERKSHIRE OF CASTLETON	**8480 CRAIG ST INDIANAPOLIS, IN 46250**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the State Residential Licensure Survey completed on April 30, 2013. Survey dates: June 20 & 21, 2013 Facility number: 009894 Provider number: N/A AIM number: N/A Survey team: Michelle Carter, RN Census bed type: Residential: 132 Total: 132 Census payor type: Other: 132 Total: 132 Sample: 10 Berkshire of Castleton was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the State Residential Licensure Survey. Quality Review was completed by Tammy Alley RN on June 23, 2013.	{R 000}		